

**Michigan Medicaid
CMHSP Children's Waiver Services Database
Effective 10-1-03**

CPT/ HCPCS	Description	Status	Fee Screen	Parameters
90782	INJECTION, SC/IM	A	\$2.47	
90788	INJECTION OF ANTIBIOTIC	A	\$2.69	
90801	PSY DX INTERVIEW	A	\$89.72	
90802	INTERACTIVE PSY DX INTERVIEW	A	\$95.33	
90804	PSYCHOTHERAPY, 20-30 MIN	A	\$39.70	
90805	PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$44.64	
90806	PSYCHOTHERAPY, 45-50 MIN	A	\$59.44	
90807	PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$64.15	
90808	PSYCHOTHERAPY, 75-80 MIN	A	\$87.93	
90809	PSYCHOTHERAPY, 75-80, W/ E&M	A	\$92.64	
90810	INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$42.84	
90811	INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$48.00	
90812	INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$63.25	
90813	INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$68.41	
90814	INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$92.41	
90815	INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$96.00	
90846	FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$58.32	
90847	FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$69.98	
90853	GROUP PSYCHOTHERAPY	A	\$21.31	
90862	MEDICATION MANAGEMENT	A	\$31.63	
92506	SPEECH/HEARING EVALUATION	A	\$58.77	MAXIMUM OF 8 SESSIONS PER MONTH
92507	SPEECH/HEARING THERAPY	A	\$46.65	MAXIMUM OF 8 SESSIONS PER MONTH
92508	SPEECH/HEARING THERAPY	A	\$45.76	MAXIMUM OF 8 SESSIONS PER MONTH
92526	TREATMENT OF SWALLOWING DYSFUNCTION	A	\$47.55	MAXIMUM OF 8 SESSIONS PER MONTH
96100	PSYCHOLOGICAL TESTING, PER HOUR	A	\$40.82	
96105	ASSESSMENT OF APHASIA, PER HOUR	A	\$40.82	
96110	DEVELOPMENTAL TEST, LIMITED	A	\$12.07	
96111	DEVELOPMENTAL TEST, EXTENDED, PER HOUR	A	\$40.82	
96115	NEUROBEHAVIORAL STATUS EXAM, PER HOUR	A	\$40.82	
96117	NEUROPSYCH TEST BATTERY, PER HOUR	A	\$40.82	
97001	PT EVALUATION	A	\$41.72	
97002	PT RE-EVALUATION	A	\$22.21	
97003	OT EVALUATION	A	\$43.51	
97004	OT RE-EVALUATION	A	\$29.38	
97110	THERAPEUTIC EXERCISES, EACH 15 MIN	A	\$16.37	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97112	NEUROMUSCULAR REEDUCATION	A	\$17.05	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97113	AQUATIC THERAPY	A	\$17.94	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97116	GAIT TRAINING THERAPY	A	\$14.13	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97124	MASSAGE THERAPY	A	\$12.79	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
97140	MANUAL THERAPY, EACH 15 MIN	A	\$15.25	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.

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97150	GROUP THERAPY PROCEDURE(S)	A	\$10.99	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97520	PROSTHETIC TRAINING, EACH 15 MIN	A	\$15.25	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97530	THERAPEUTIC ACTIVITIES, EACH 15 MIN	A	\$20.41	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97532	DEVELOPMENT OF COGNITIVE SKILLS, EACH 15 MIN	A	\$13.91	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97533	SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.80	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97535	SELF-CARE/ HOME MANAGEMENT TRAINING, EACH 15 MIN	A	\$18.39	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97537	COMMUNITY/ WORK REINTEGRATION TRAINING, EACH 15 MIN	A	\$14.80	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN	A	\$15.25	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97802	MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.32	
97803	MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.32	
97804	MEDICAL NUTRITION THERAPY, GROUP, EACH 30 MIN	A	\$4.04	
99506	HOME VISIT FOR IM INJECTIONS	A	\$5.87	
E1340	REPAIR OR NONROUTINE SERVICE FOR DME, PER 15 MIN	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
E1399	DME, MISCELLANEOUS	M	\$0.01	LIMIT OF ONE SINGLE ROOM AIR CONDITIONER EVERY 5 YEARS WITH A MAXIMUM COST OF \$400. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
G0176	ACTIVITY THERAPY, PER SESSION (45 MINS OR MORE)	A	\$69.31	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$211.00	
H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MIN	A	\$10.32	
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	A	\$192.00	MAXIMUM OF 5 SESSIONS PER MONTH PER BENEFICIARY.
H2015	COMP COMM SUPP SVC, 15 MIN	A	\$3.77	
M0064	MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$14.13	
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	A	\$0.32	
S5111	HOME CARE TRAINING, FAMILY; PER SESSION	A	\$66.02	
S5116	HOME CARE TRAINING, FAMILY; PER SESSION	A	\$64.68	
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	A	\$356.40	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S5151/ TT	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	A	\$267.36	
S5165	HOME MODIFICATIONS, PER SERVICE	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
S5199	PERSONAL CARE ITEM, NOS, EACH	A	\$100.00	LIMIT OF 5 ITEMS PER QUARTER WITH A MAXIMUM COST OF \$100. USE REMARKS FIELD TO IDENTIFY THE ITEM(S)
S8990	PT OR MANIP FOR MAINT	A	\$65.48	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
S9445	PATIENT EDUCATION, NOC, INDIVIDUAL, PER SESSION	A	\$25.02	
S9446	PATIENT EDUCATION, NOC, GROUP, PER SESSION	A	\$12.50	
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$25.50	
S9484	CRISIS INTERVENTION MENTAL HEALTH SVC, PER HOUR	A	\$46.26	
T1001	NURSING ASSESSMENT/ EVALUATION	A	\$48.09	
T1002	RN SERVICES, UP TO 15 MIN	A	\$10.32	

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T1005	RESPITE CARE SVC, UP TO 15 MIN	A	\$3.71	
T1005/ TD	RESPITE CARE SVC, UP TO 15 MIN	A	\$7.99	
T1005/ TE	RESPITE CARE SVC, UP TO 15 MIN	A	\$6.79	
T1999	MISCELLANEOUS THERAPEUTIC ITEMS & SUPPLIES, NOC	A	\$25.00	ONLY ADAPTIVE TOYS CAN BILLED UNDER THIS CODE. LIMIT OF ONE ADAPTIVE TOY PER QUARTER WITH A MAXIMUM COST OF \$25.00. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
T2023	SUPPORTED EMPLOY, PER 15 MIN	A	\$303.72	THE DATE OF SERVICE SHOULD BE THE LAST DAY OF THE MONTH THAT THE CASE MANAGEMENT SERVICE WAS PROVIDED.
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	A	\$100.00	LIMIT OF 5 ALLERGY CONTROL SUPPLIES PER QUARTER WITH A MAXIMUM COST OF \$100. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	A	\$250.00	LIMIT OF 5 ENVIRONMENTAL SAFETY & CONTROL DEVICES PER QUARTER WITH A MAXIMUM COST OF \$250. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2039	VEHICLE MOD WAIVER/ SERVICE	A	\$5,500.00	MAXIMUM COST FOR VAN LIFTS & TIE-DOWNS IS \$5,500, ONCE EVERY 5 YEARS. PRIOR AUTHORIZATION IS REQUIRED IF THE COST EXCEEDS \$5,500 OR WHEN REPLACEMENT IS NEEDED BEFORE 5 YEARS. ALL OTHER VEHICLE MODIFICATIONS REQUIRE PRIOR AUTHORIZATION.